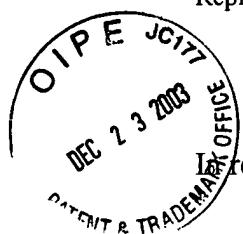


Appln. No.: 10/083,552  
Amendment dated December 23, 2003  
Reply to Office Action of September 30, 2003



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the Application of:  
**Hiroshi NAKAMURA**

Serial No.: 10/083,552  
Filed: February 27, 2002  
For: VOLTAGE  
GENERATING/TRANSFERRING CIRCUIT

Atty. Docket No.: 001701.00672  
Group Art Unit: 2816  
Examiner: A. Tra  
Confirmation No.: 8483

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 30, 2003, please amend the instant application as follows:

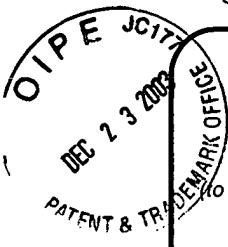
**Amendments to the Claims** are reflected in the Listing of Claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

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# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

Application Number	10/083,552
Filing Date	February 27, 2002
First Named Inventor	Hiroshi NAKAMURA
Art Unit	2816
Examiner Name	A. Tra

Attorney Docket Number

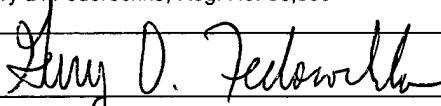
001701.00672

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gary D. Fedorochko, Reg. No. 35,509
Signature	
Date	December 23, 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name		Date
Signature		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2004

*O I P E C I T Y*  
*DEC 23 2003*  
*PATENT & TRADEMARK OFFICE*  
*Effective 10/01/2003. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27

## TOTAL AMOUNT OF PAYMENT

(\$)

288

<i>Complete If Known</i>	
Application Number	10/083,552
Filing Date	February 27, 2002
First Named Inventor	Horioshi NAKAMURA
Examiner Name	A. Tra
Art Unit	2816
Attorney Docket No.	001701.00672

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>19-0733</b>				<b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th colspan="4"></th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td colspan="2">Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table>				Large Entity	Small Entity					Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid																																											
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<b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th colspan="4"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td colspan="2">Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td colspan="2">Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td colspan="2">Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td colspan="2">Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td colspan="2">Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td colspan="3" style="text-align: right;">(\$)</td> <td style="text-align: right;">0</td> </tr> </tbody> </table>				Large Entity	Small Entity					Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	1001	770	2001	385	Utility filing fee			1002	340	2002	170	Design filing fee			1003	530	2003	265	Plant filing fee			1004	770	2004	385	Reissue filing fee			1005	160	2005	80	Provisional filing fee			<b>SUBTOTAL (1)</b>				(\$)			0				
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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left;">Total Claims</th> <th rowspan="2" style="text-align: left;">Independent Claims</th> <th rowspan="2" style="text-align: left;">Multiple Dependent</th> <th colspan="2" style="text-align: center;">Extra Claims</th> <th style="text-align: center;">Fee from below</th> <th style="text-align: center;">Fee Paid</th> </tr> <tr> <th style="text-align: center;">Fee Code</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Fee Code</th> <th style="text-align: center;">Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>43</td> <td>3</td> <td></td> <td style="text-align: center;">-27 **</td> <td style="text-align: center;">= 16</td> <td style="text-align: center;">X 18</td> <td style="text-align: center;">= 288</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">-3 **</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">X 86</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">X _____</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td colspan="4"></td> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: right;">(\$)</td> </tr> </tbody> </table>				Total Claims	Independent Claims	Multiple Dependent	Extra Claims		Fee from below	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	43	3		-27 **	= 16	X 18	= 288				-3 **	= 0	X 86	= 0						X _____	= 0					<b>SUBTOTAL (2)</b>			(\$)																				
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SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Gary D. Fedorochko		Registration No. (Attorney/Agent)	35,509	Telephone	202-824-3000	
Signature	<i>Gary D. Fedorochko</i>				Date	12/23/03	

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